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REQUESTED BY  
*Rachelle J. Nicolle*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 NOV 15 AM 11:54

WERNER CHRISTEN  
RECORDER

*s/16* PAID *KJ* DEPUTY

APN 1318-24-710-005  
(Old APN: 0000-07-344-110)

**RECORDING REQUESTED BY AND  
AFTER RECORDING MAIL THIS DEED TO:**

Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

**MAIL TAX STATEMENTS TO:**

EDWARD P. NORRIS  
PO Box 5307  
Stateline, NV 89449

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, EDWARD P. NORRIS, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as DOLLY L. NORRIS, who is named with me as one of the parties in the deed dated October 18, 1993, executed by ASSET PRESERVATION, INC., a California corporation, and granted to EDWARD P. NORRIS and DOLLY L. NORRIS, husband and wife, as Joint Tenants, recorded as Instrument No. 320648 on October 20, 1993, in Book 1093, Page 3672, of the Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

all that real property in the County of Douglas, State of Nevada being Assessor's Parcel Number 1318-24-710-005 (Old APN: 0000-07-344-110), specifically described as:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

**PARCEL I**

Lot 20, as shown on the map of KINGSBURY HIGHLANDS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1961, as Document No. 19280.

**PARCEL II**

Being a portion of Lot 21 map of KINGSBURY HIGHLANDS NO. 2, and more particularly described as follows:

Beginning at the most Southerly corner of Lot 20 as shown on the Official Plat of KINGSBURY HIGHLANDS UNIT NO. 2, which point is the True Point of Beginning; thence along the Northeasterly right of way line of

0629249

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Laurel Lane South 19°24'28" East 14.75 feet; thence leaving said right of way line North 37°54'57" East 24.90 feet to the Southerly line of Lot 20; thence along said Southerly line of Lot 20 South 74°09'33" West 21.00 feet to the True Point of Beginning.

A.P.N. 1318-24-710-005 (OLD APN: 0000-07-344-110)

2.) As a result of the death of my wife DOLLY L. NORRIS, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: November 11, 2004.

  
EDWARD P. NORRIS

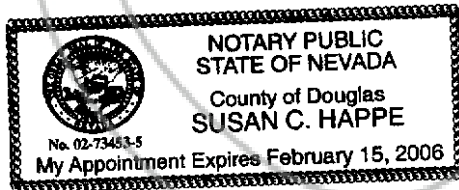
CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

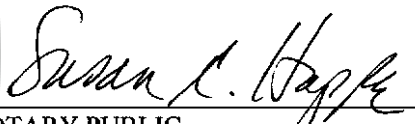
State of Nevada )

County of Douglas )

Signed and Sworn to before me on November 11, 2004 by EDWARD P. NORRIS.

WITNESS my hand and official seal.



  
NOTARY PUBLIC

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. <b>Dolly Lorraine NORRIS</b>		2. <b>April 28, 2004</b>	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. <b>Stateline</b>		3a. <b>Douglas</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. <b>518 Laurel Lane</b>		4. <b>Female</b>	
FACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. <b>White</b>		8. <b>March 1, 1930</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6. <b>White</b>		7a. <b>74</b>	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <b>California</b>		11. <b>Married</b>	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. <b>U.S.A.</b>		12. <b>Edward Norris</b>	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. <b>2301</b>		14b. <b>Own Home</b>	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		RESIDENCE—STATE	
14a. <b>Homemaker</b>		15a. <b>Nevada</b>	
RESIDENCE—COUNTY		CITY, TOWN, OR LOCATION	
15b. <b>Douglas</b>		15c. <b>Stateline</b>	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d. <b>518 Laurel Ln.</b>		15e. <b>Yes</b>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <b>Alvin C. Griffith</b>		17. <b>Lorraine Weeks</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Edward Norris - Husband</b>		18b. <b>P.O. Box 5307, Stateline, Nevada 89449</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. <b>Burial</b>		19b. <b>Eastside Memorial Park</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>	
FUNERAL DIRECTOR LICENSE NUMBER		LOCATION City or Town State	
20b. <b>217</b>		19c. <b>Minden, Nevada</b>	
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office	
21a. DATE SIGNED (Mo., Day, Yr.)		22a. DATE SIGNED (Mo., Day, Yr.)	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21c. HOUR OF DEATH		22c. PRONOUNCED DEAD (Hour)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON 4-28-04	
23a. <b>Bernadette M. Smith Deputy/Coroner, P.O. Box 218, Minden, NV 89423</b>		22e. AT 0825	
REGISTRAR		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>		24b. <b>April 30 2004</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART 1 (a) <b>Lung Cancer</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>C.O.P.D.</b>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. <b>No</b>		27. <b>Yes</b>	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		28. <b>No</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. <b>28b.</b>		28c. <b>28d. M</b>	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28e. <b>28f.</b>		28g. <b>28d.</b>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28a. <b>28f.</b>		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. <b>28g.</b>		28g. <b>28g.</b>	

STATE REGISTRAR

No. 264173

25197

CERTIFIED COPY OF VITAL RECORDS

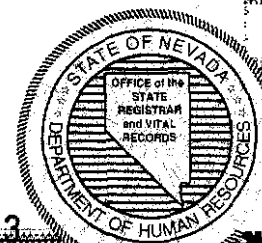
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 05 2004

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar

*[Signature]*  
STATE REGISTRAR



ERASURE VOIDS THIS

IFICATE

AK 1104 PG 06753